


# Quick Notes

Issue No. 20

February 27, 2009

 **IP** Inpatient Discharges

 **ED** Emergency Department

 **AS** Ambulatory Surgery

## PRINCIPAL LANGUAGE SPOKEN Frequently Asked Questions

OSHPD has added a new data element for patient level reporting in 2009, Principal Language Spoken. In this edition of *Quick Notes* are answers to the most common data reporting questions and background information regarding the list of specific languages stated in the regulations. For a more comprehensive list of questions with answers, please see our web site.

**Q1: What is the purpose of the Principal Language Spoken requirement and how will this new requirement improve healthcare?**

**A1:** Poor communication between providers and patients can lead to lack of understanding that can have a negative impact on health care. Questions may be misunderstood, symptoms may be poorly described, inappropriate tests may be given, test results may be misunderstood, there can be confusion regarding how to take medicines and follow-up appointments may not be kept. The U. S. Census Bureau shows that approximately 40% of Californians speak a language other than English at home. Capturing principal language spoken data is expected to highlight the need for health care delivered in a language that both the provider and patient understand.

**Q2: What report period should facilities begin to report Principal Language Spoken and when must facilities submit reports to OSHPD?**

**A2:** For Inpatient data, the Principal Language Spoken is to be reported with discharges occurring on or after January 1, 2009. The first reports are due on September 30, 2009.

For ED and AS data, the Principal Language Spoken is to be reported with encounters occurring on or after January 1, 2009. The first reports will be due May 15, 2009.

**Q3: How should facilities report a Principal Language Spoken for a person who is bilingual? For example, he speaks Spanish at home but speaks English as a second language at work and social situations?**

**A3:** The patient may state either language, presumably the language in which he would have the best comprehension of health-related terminology.

**Q4: What language do we report for newborns and young children? Do we default to the mother's language?**

**A4:** The intent is to capture the language that needs to be spoken so that each patient receives healthcare services and instructions in a language that is understood. Because a newborn has no language skills, the language reported would be that of the person who is accompanying the newborn.

This data element should not be defaulted to any language. If a newborn returns for additional care and is accompanied by a different person on a subsequent visit, then it could be appropriate to state a different language for the subsequent visit.

**Q5: Patients may be annoyed when we ask them what language they speak. Can the Principal Language Spoken data element be deleted?**

**A5:** OSHPD does not have the option of deleting this data element requirement from the law. In adopting these regulations, OSHPD is fulfilling its obligation to enact SB 680 (Figuroa - Statutes of 2001), incorporated into the California Health and Safety Code in Sections 128735 (g)(5), 128736(a)(5) and 128737(a)(5). The legislative intent is to ensure better patient care, assessment, treatment, and outcomes.

One approach to collecting this data might be to show the list of languages (from the text of the regulations) to the patient so that he/she can indicate the name of his/her principal language.

**Q6: How do we report other languages that are not on the list of 30?**

**A6:** We have included a text field. Enter the name of any language that is not listed. Every language can be captured by using the text field. Languages should be reported using English language spelling.

**Q7: What do we do when a patient states a language we have never heard of?**

**A7:** Report whatever language the patient states. The text field will allow the reporting of all languages.

**Q8: Why do you have "Unknown"?**

**A8:** We need a way to report the language data element for every record. Unknown is included for those instances where someone (perhaps a homeless person, or someone with no ID) arrives alone (in the ER, brought by ambulance) in a comatose state, is treated but then dies or ends the encounter without speaking, leaving staff with no idea what principal language might have been spoken.

**Q9: Why do you include a large category like Chinese but no Mandarin or Cantonese?**

**“Chinese” is too vague to ensure a match between the patient’s and interpreter’s spoken language. Hmong, Miao are spoken by much smaller populations and yet they are included as are French and French Creole.**

**A9. Chinese, French and French Creole are included in** languages used by Medi-Cal, the State Personnel Board, and the California Office of Minority and Multicultural Health on printed forms and other methods of communication regularly used in the course of serving the public. Also, Mandarin and Cantonese are not included in the ISO 639.2 national standard list of languages that OSHPD chose to use. Mandarin and Cantonese should be reported as text, as write-ins. OSHPD is considering adding Mandarin and Cantonese in a future regulatory update.

**Q10: Will it be a problem if I don’t left-justify my text entry on every record?**

**A10:** Not unless the name of the language is very long and you need all of the spaces. MIRCal will delete all leading spaces from the Principal Language Spoken field.

**Q11: What if I write in a language that is on the list?**

**A11:** If a language reported matches a description or code on the Principal Language Spoken table, then MIRCal will convert it to the format listed in regulation.

**Q12: How do we report the language spoken for the deaf?**

**A12:** These languages can be reported by using the write-in spaces. Please report exactly which sign-language they use, for example English Sign Language, American Sign Language, Spanish Sign language.

If you have any questions on Principal Language Spoken, please contact Irene Ogbonna at (916) 326-3937 or [iogbonna@oshpd.ca.gov](mailto:iogbonna@oshpd.ca.gov).



## Clarification in Reporting Disposition and Source of Admission

The Inpatient Reporting Manual has been updated to more accurately reflect patient movement to and from the ED and AS settings. Patients transferring to your facility directly from another hospital's ED should be reported as Source of Admission "Other" to aid data users in distinguishing them from admissions from a home setting.

Likewise, if an inpatient is sent from your facility to an ED or AS setting with the intent of either returning to your facility or going home after a procedure, you should report the Disposition as "Other."

For patients sent to another facility's ED or AS with the intent of being admitted (as an inpatient or outpatient) to that facility, continue reporting Disposition based on the applicable type of care to which the patient is being discharged.

Please review the discussion points in the new edition of the [California Inpatient Data Reporting Manual](#) for more details, or contact your OSHPD analyst.

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### **Stay Up to Date**

We have posted the 2009 Report Period Calendars, updated California Reporting Manuals for Inpatient and ED/AS and the Edit Description Guides. Please see our [Manuals and Guides](#) page.

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## Questions:

If you have any questions on your data reporting to OSHPD, contact your assigned analyst. For contact information, go to: [www.oshpd.ca.gov/HID/MIRCal/GeneralInfo.html#ContactUs](http://www.oshpd.ca.gov/HID/MIRCal/GeneralInfo.html#ContactUs)

## **\*\* IMPORTANT DATES \*\***

### **IP Due Dates:**

July 1, 2008 – Dec 31, 2008	Due March 31, 2009
Jan 1, 2009 – June 30, 2009	Due September 30, 2009

### **ED & AS Due Dates:**

Jan 1, 2009 – Mar 31, 2009	Due May 15, 2009
Apr 1, 2009 – June 30, 2009	Due August 14, 2009
July 1, 2009 – Sep 30, 2009	Due November 14, 2009
Oct 1, 2009 – Dec 31, 2009	Due February 14, 2010

### **California Health Information Association (CHIA) Annual Convention:**

June 15 -17, 2009 – Indian Wells, CA

### **California Ambulatory Surgery Association (CASA) Annual Convention:**

September 30 - October 2, 2009 – Irvine , CA

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## **Update Your Bookmarks**

The OSHPD Web site has a new look:  
[www.oshpd.ca.gov](http://www.oshpd.ca.gov)

The MIRCal Web site address has changed and also has a new look:  
[www.oshpd.ca.gov/HID/MIRCal/index.html](http://www.oshpd.ca.gov/HID/MIRCal/index.html)

2009 Report Period & Due Dates Calendar for Inpatient, ED & AS:  
[www.oshpd.ca.gov/HID/MIRCal/Calendar.html](http://www.oshpd.ca.gov/HID/MIRCal/Calendar.html)

Updated ICD-9-CM Coding Edit Manual:  
[www.oshpd.ca.gov/HID/MIRCal/ICD9CodingManual.html](http://www.oshpd.ca.gov/HID/MIRCal/ICD9CodingManual.html)

Updated MIRCal Quick Reference Guide:  
[www.oshpd.ca.gov/MIRCal/training/CBT/MIRCal\\_QRG.pdf](http://www.oshpd.ca.gov/MIRCal/training/CBT/MIRCal_QRG.pdf)

Updated Manuals and Guides for Inpatient, ED & AS:  
[www.oshpd.ca.gov/HID/MIRCal/ManualsGuides.html](http://www.oshpd.ca.gov/HID/MIRCal/ManualsGuides.html)